

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Communications Workers of America Working Voices		FEC IDENTIFICATION NUMBER ▼ C C00488486	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Communications Workers of America Prod. Cost Rptd 2/11/16			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 16 / 2016		
Mailing Address 501 Third Street, NW			Amount 506.18		
City Washington	State DC	Zip Code 20001	Transaction ID : D30859		
Purpose of Expenditure Shipping of Yard Signs		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 17 / 2016		
Name of Federal Candidate Bernard Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT		
Calendar Year-To-Date Per Election for Office Sought		110242.21	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Canal Partners Media			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016		
Mailing Address 1027 33rd Street, NW Suite 140			Amount 100000.00		
City Washington	State DC	Zip Code 20007	Transaction ID : D30860		
Purpose of Expenditure Radio Advertisements in Nevada		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 17 / 2016		
Name of Federal Candidate Bernard Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT		
Calendar Year-To-Date Per Election for Office Sought		110242.21	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100506.18
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	100506.18

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sara Steffens

[Electronically Filed]

Date

MM / DD / YYYY
02 / 17 / 2016

Signature